


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # A01000000849			
1. Name of Limited Partnership INDIAN LAKE APARTMENTS PHASE II, LTD. 10/11/02			
2. Principal Office Address 4060 DANCING CLOUD CT. Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State DESTIN, FLORIDA		City & State	
Zip 32541	Country US	Zip	Country
8. Name and Address of Current Registered Agent			
Name LOWELL KELLY			
Street Address (P.O. Box Number is Not Acceptable) 4060 DANCING CLOUD COURT			
Suite, Apt. #, Etc.			
City DESTIN	State FL	Zip Code 32541	
9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment)		DATE 11/24/2003	
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
INDIAN LAKE APARTMENTS PHASE II, L.L.C.	4060 DANCING CLOUD CT.,	DESTIN, FLORIDA 32541	L01000002765
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.			
SIGNATURE Typed or Printed Name of General Partner Signing Form		DATE Telephone Number	
Lowell Kelly		11/24/2003 850-259-1907	

CR2E039 (10/02)